

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1		1			
5						
6	3		1			
7	1		1			
8	1					
9	2		1			
10	2		1			
11	2					
12	2		1			
13	①		1			
14		1				
15	1		1			
16	2		1			
17			1			
18			1			
19			1			
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47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.		18				
TOTAL CLAIMS	32					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								